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ABSTRACT

This presentation reviews the concept of school-based consultation (Lambert, 1974) and contrasts it with other consultation models. The validity of this model for the professional talking relationships of school psychologists (school-based consultation) is assessed first by examining: (1) the likelihood that interprofessional interchange will take place; (2) the likelihood that case study information will be communicated effectively; (3) the nature of the model's assumptions about teacher knowledge of individual differences in children; and (4) the likelihood that school-based consultants will serve as a model for principals and teachers to follow in collaborating with parents. The author attempts to demonstrate that there are unique aspects to consultation in situations where the consultant is a part of the school staff and shares with teachers the same administrative and evaluation systems. In addition the material presented shows that the work objectives of the school-based consultant are consonant with the expectations of principals and teachers for psychological services. (Author)

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The Efficacy of School-Based Consultation

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The Efficacy of School-Based Consultation

For the last 10 years, my colleague Nadine Lambert at the Berkeley campus and I at the Davis campus of the University of California have been evolving the notion of school-based consultation (Lambert, 1974). Nadine coined this term as a conceptual aid for our students to label a role for the school psychologist wishing to work toward preventive mental health in the school setting. The school psychology students were clear as to their other roles as agents for secondary and tertiary prevention, for example counseling with pupils, working with parents, assessing children's eligibility for special educational programs, conducting inservice education programs. But they struggled with the idea of applying their knowledge of human learning, social development, group processes, emotional development, and intellectual development in discussions with teachers and principals aimed at encouraging mutual problem solving and the exploration of alternative strategies for working with children in classrooms. The students knew they wanted to learn how to form these professional talking relationships with school personnel to help prevent problems before they occurred and to promote the normal course of growth and development in children, but they were stumped as to how to go about establishing this special relationship and to progress with the relationship once started.

We first started using the term consultation, which the students liked, until they encountered the numerous activities described as consultation. Which of these models were most appropriate for them to follow? Were they mental health consultants, following the practices and procedures of Gerald Caplan (1970), were they organization developers following the course outlined by Richard Schmuck (1971), or were they experts in a given technique,

such as behavior modification, who were to meet with teachers and establish classroom programs (Goodwin, 1969)? As for mental health consultation and organizational development, the students were not sure they had either the expertise, the prestige, or the luxury of coming from outside the system, conditions necessary to adopt these models in their entirety. As for being experts in behavior modification or teacher effectiveness training, they were not sure that promoting a technique was different from inservice training, which they saw as a legitimate role, but much different from the give and take, non-scheduled problem-centered interchanges that they hoped to develop with teachers. Thus we began, in response to student needs, the process of defining school-based consultation, exploring methods of training, and evaluating the effectiveness of this school-based consultation model for the school psychologist.

The Definition of School-Based Consultation

The current working definition of school-based consultation is "an interaction between a teacher (or principal, vice principal, etc.) and a school district employee from a mental health discipline which may be initiated either (a) when a teacher requests help, (b) when a principal requests help for a teacher or himself, or (c) when a consultant offers to assist a teacher or pupil. The objectives of school-based consultation may be change in pupil behavior or change in teacher behavior or both. The responsibility for outcomes may rest with the teacher or the consultant, and the relationship may or may not be a voluntary one" (Lambert, 1974, pp. 269-270). In many ways we conceive of school-based consultation as similar to Caplan's client-centered consultation or collaboration (Caplan, 1970). However, unlike the mental health consultant, the school-based consultant is

accountable for the outcomes of the educational programs for children (the mental health consultant is only responsible for the outcomes with the consultee), the relationship is often not initiated or entered into voluntarily on the part of the teacher, and the school-based consultant is a member of the school system with many roles to execute, and not an autonomous professional from the outside who in the school setting only performs as a consultant. Unlike the consultant using the inservice education model, or the organizational development model, the school-based consultant has no set agenda or program to discuss, and enters into the relationship as a peer, albeit a peer with a different background, rather than as an expert instructor-guru.

Student Preparation for School-Based Consultation

Recently a number of books of readings have been published on the topic of school consultation (Dinkmeyer & Carlson, 1975; Meyers, Martin, & Hyman, 1977). While these are useful training resources, reading about consultation is of limited value unless students have opportunities to practice the behaviors to be learned in a relatively safe environment and to observe other consultants at work. In our training programs we have assigned students to work for a year's time in a number of classrooms at tasks designed to produce information about pupils that will be of interest to teachers. The students are not doing case studies but rather collecting information of various kinds about a number of children. They may also work as apprentices to teachers on teacher-initiated tasks during this time and are definitely in a collaborative role with respect to helping the children in the classroom. Thus students have opportunities to initiate contacts with the teacher to share information observed or obtained through observations and

assessments and be available should a teacher desire help in solving problems with the pupils.

In addition to textbooks and practice another indispensable training requirement is learning how to be a consultee. During the second year and other years of training, the student himself or herself participates in group mental health consultation independent of supervision and gains experience as a consultee that we believe is invaluable. The student can observe a consultant first-hand and learn how the process takes place (Sandoval, Lambert, & Davis, 1977). We have described this aspect of the training program at length in another report (Lambert, Sandoval, & Yandell, 1975), and we believe the consultee experience is a critical and unique feature of our training programs.

Evaluation of the School-Based Consultation Model

The school-based consultation model may be evaluated by examining the internal implications of the model and through the examination of data collected in evaluation studies. First let us look at some of the unique aspects of the school psychologist's roles in the school and determine how various models accommodate these roles. I will talk about school psychologists, but of course school counselors and school social workers may follow this model as well.

Seymour Sarason has observed that teaching is one of the loneliest professions in the world (Sarason, 1971). Teachers are isolated in their classrooms, meet together in groups very seldomly, and have very little free time during the day to meet with other professionals. In the school-based consultation model, the consultant is free to initiate the contact with the teacher and the consultant also shares responsibility for the children's

well being; therefore the school-based consultation approach makes it possible for the consultant to seek out the teacher, if even for a brief period of time, to break through the teacher's isolation, and to establish in the teacher's minds the idea that the consultant is an ally in working with the children.

Conducting case studies of children suspected of being eligible for some sort of special educational assistance occupies a major portion of school psychologists' efforts. As often as not the children being evaluated do not qualify for special assistance and must continue on in the regular classroom. It then becomes incumbent on the psychologist to return to the teacher with the case study information and present it in such a way that the teacher is able to perceive the child in new ways and to begin to modify the child's program accordingly. In most forms of mental health consultation, the consultant is never in a position to have independent knowledge about the child yet this dilemma is anticipated in school-based consultation theory.

In school-based consultation the basic assumption is that the consultant is an expert in the psychological theories of learning, development, and interpersonal relations, and on individual differences in children, whereas the teacher is an expert in curriculum and instructional methods. The model does not rest on the assumption that the teacher has sufficient knowledge to find solutions to the problem. By combining knowledge bases, these two professionals together are more easily able to solve the presenting problems of children in the classroom. Mental health consultation, on the other hand, assumes that the teacher has sufficient information about individual differences but is unable, because of emotional blockages (or

theme interference), to apply this knowledge to the case at hand. For this reason Caplan feels the consultant must be a skilled therapist so he or she will have experience in identifying transference phenomena, even though in consultation this transference is not pointed out to the consultee. We have found, however, that teachers are not able to specify pupil problems with sufficient accuracy to suggest operational changes in environments and are very poor at discerning alternatives for pupils who are not succeeding in school (Lambert, 1976). Moreover teachers need new ways to conceptualize children's individuality and ways to accommodate these individual differences in the classroom. The school-based consultation model addresses this problem not by offering a set program, such as behavior modification or affective education, but by starting with problems the teacher finds most relevant and working forward toward the building of new perceptions and approaches on the part of teachers.

Dealing with parents is one of the chief difficulties teachers and school administrators face. An advantage of the school-based consultation model is that it provides school people with practice in talking about failing children in a productive way, but it also has the advantage of serving as a professional model of how the teacher or principal might behave in conferences with parents. After all, parents have a source of knowledge about their child that the teacher does not and vice-versa. Both are concerned with solving behavior and learning problems at home and at school. Teachers, then, can learn to adopt many of the techniques of the school-based consultant in collaborating with parents on finding new ways to deal with the child in both the home and the school environment and to coordinate and support a uniform approach to interacting with the child.

The most important source of information on the efficacy of school-based consultation comes from our efforts to evaluate our school psychology training programs (Lambert et al., 1975; Lambert, 1976; and Sandoval & Lambert, 1977). From these evaluation studies, which are continuing, we have learned that teachers perceive students trained in school-based consultation as different from other school psychologists and value highly the consultative help they receive. We have also learned that teachers unrealistically expect consultants to provide immediately a wide range of alternatives to their problems and, in effect, to take the problem away from them and out of their hands. Because school-based consultants are aware of the need to address these expectations and have strategies to assist the teacher to reexamine the child's problem and the classroom ecology of the problem, we suspect that this orientation is largely responsible for the efficacy of school-based consultation. We hope that further developments in training procedures and new information from evaluations of seasoned school-based consultants will establish school-based consultation as a viable model for school psychologists and an effective method for improving the school as an institution.

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